

# ATBC STUDY

## CHEST X-RAY FORM

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Social Security Number \_\_\_\_\_

4. Study ID \_\_\_\_\_

5. Sent to the X-ray: \_\_\_\_/\_\_\_\_ 19 \_\_\_\_

1 No x-ray; taken within a month

2 No x-ray; other reason \_\_\_\_\_

6. Findings

1 Normal

2 Malignancy suspected

4 Fibrosis

1 Emphysema

2 Other finding requiring further follow-up \_\_\_\_/\_\_\_\_

4 Other finding

7. Reporting physician: \_\_\_\_\_